<table>
<tr><td colspan="2">Measure Concept</td><td>Treatment of Clostridioides difficile Infection (CDI)</td></tr>
<tr><td colspan="2">Description</td><td>This measure assesses the percent of adult inpatients with non-fulminant Clostridioides difficile infection (CDI) who received non-metronidazole-containing antimicrobial treatment regimens in compliance with IDSA guidelines.

Metronidazole is no longer recommended as a first-line treatment for CDI due to concerns about its efficacy, safety, and potential to contribute to recurrence. Oral vancomycin or fidaxomicin are preferred.

Patients with Clostridioides difficile colonization not requiring treatment are excluded from this measure.</td></tr>
<tr><td rowspan="2">❒ Established/Endorsed Measure</td><td>Source</td><td></td></tr>
<tr><td>Link</td><td></td></tr>
<tr><td colspan="3">Measure Specifications</td></tr>
<tr><td rowspan="2">Type
❒ Outcome
✓ Process
❒ Structure</td><td>Numerator</td><td>Number of patients from denominator who received a non- metronidazole-based therapy of oral vancomycin or fidaxomicin</td></tr>
<tr><td>Denominator</td><td>Inpatients aged 18 years or older diagnosed with an episode of non-severe OR severe Clostridioides difficile infection (CDI) and able to tolerate enteral medications

<u>Clostridioides difficile infection</u>:
1. Centers for Disease Control and Prevention National Healthcare Safety Network Clostridioides difficile Infection LabID Definition:
a. A positive laboratory test result for C. difficile toxin A and/or B, (includes toxin assays) tested on an unformed stool specimen (must conform to the container) <u>OR</u>
b. A toxin-producing C. difficile organism detected by culture or other laboratory means (molecular assays [PCR]) performed on an unformed stool sample (must conform to the container)
Note: When using a multi-testing methodology for CD identification, the final result of the last test finding which is placed onto the patient medical record will determine if the CDI positive laboratory assay definition is met

<u>AND</u>
2. Patients with either non-severe or severe CDI</td></tr>
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		a. Non-severe CDI: Leukocytosis with a white blood cell count of ≤15 000 cells/mL and a serum creatinine level <1.5 mg/dl b. Severe CDI: Leukocytosis with a white blood cell count of >15 000 cells/mL or a serum creatinine level >=1.5 mg/dl
	Exclusion(s)	1. Patients who die, are transferred to another facility, or who are discharged prior to when results of *C. difficile* testing is known 2. Fulminant CDI (hypotension or shock, ileus or megacolon) Definitions: a. Hypotension or Shock: Systolic blood pressure of < 80 mm Hg at the time of diagnosis within 24 hours of positive test for CDI b. Unable to take medications per mouth or tube (ileus) within first 48 hours following test positivity c. Megacolon 3. Patients who cannot take enteral medications 4. Patients with documented allergy to vancomycin **and** fidaxomicin 5. Patients receiving metronidazole for infections other than CDI 6. Patients who did not receive vancomycin, fidaxomicin or metronidazole within the first 48 hours following test positivity
Goal(s) / Link to Outcome(s)		
IDSA Guideline(s)		Clinical Practice Guidelines for the Management of *Clostridioides difficile* Infection in Adults: 2021 Update by SHEA/IDSA
Supporting Evidence (Top 3 – 5)		Department of Health and Human Services (HHS). National Action Plan for Combating Antibiotic-Resistant Bacteria (2020–2025). 2020. https://www.hhs.gov/sites/default/files/carb-national-action-plan-2020-2025.pdf. Accessed: 13 May 2025 The Centers for Medicaid and Medicare Services. Meaningful Measures Framework. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html. Accessed: 13 May 2025 Yu H, Alfred T, Zhou J, Judy J, Olsen MA. Incidence, healthcare and out-of-pocket costs, and mortality of *Clostridioides difficile* infection among US adults aged 18 to 64 years. *Antimicrobial Stewardship & Healthcare Epidemiology*. 2024;4(1):e215. doi:10.1017/ash.2024.400

	F. C. Lessa, et al., “Burden of Clostridium difficile Infection in the United States,” New England Journal of Medicine, 372 (2015): 825–34. J. H. Kwon, M. A. Olsen, and E. R. Dubberke, “The Morbidity, Mortality, and Costs Associated with Clostridium difficile Infection,” Infectious Disease Clinics of North America, 29 (2015): 123–34.
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